



**DR. BABASAHEB AMBEDKAR MARATHWADA UNIVERSITY,  
LIBRARY AURANGABAD - 431001**

**STUDENT MEMBER DETAILS**

PASTE YOUR LATEST  
PASSPORT SIZE COLOUR  
PHOTO

**1. ACADEMIC INFORMATION :**

1.1 CATEGORY :- **STUDENT**  
1.2 DEPARTMENT :- \_\_\_\_\_  
1.3 COURSE :- \_\_\_\_\_

SIGNATURE  
\_\_\_\_\_

**( NOTE : USE CAPITAL LETTERS TO FILLUP THE FORM )**

**2. PERSONAL INFORMATION :**

2.1 FIRST NAME MIDDLE NAME  
\_\_\_\_\_  
\_\_\_\_\_  
SURNAME  
\_\_\_\_\_

2.2 D.O.B : DD MM YY 2.3 GENDER : MALE  FEMALE

2.4 YEAR OF ADMISSION: DD MM YY  
\_\_\_\_\_

**3. CONTACT INFORMATION :**

3.1 PERMANENT ADDRESS :- \_\_\_\_\_

CITY :- \_\_\_\_\_ . PIN :- \_\_\_\_\_ . PHONE :- \_\_\_\_\_

3.2 EMAIL ID :- \_\_\_\_\_

PRESENT ADDRESS IS SAME AS PERMANENT ADDRESS. :

3.3 PERMANENT ADDRESS :- \_\_\_\_\_

CITY :- \_\_\_\_\_ . PIN :- \_\_\_\_\_ . PHONE :- \_\_\_\_\_

**4. PAYMENT INFORMATION :-**

4.1 DEPOSIT AMOUNT : \_\_\_\_\_ RECEIPT NO : \_\_\_\_\_ RECEIPT DATE : \_\_\_\_\_

4.2 MEMBERSHIP AMOUNT: \_\_\_\_\_ RECEIPT NO : \_\_\_\_\_ RECEIPT DATE : \_\_\_\_\_

4.3 MAX. DUE AMOUNT : \_\_\_\_\_ EFFECTIVE DATE : \_\_\_\_\_ CARD EXP DATE : \_\_\_\_\_

**5. OFFICE USE ONLY :**

5.1 MEMBER CODE/ID :- \_\_\_\_\_

5.2 CHECKED BY :- \_\_\_\_\_

5.3 VERIFIED BY :- \_\_\_\_\_

Asstt. Librarian

Librarian